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JAMES AND BEAVERS

Nationwide Insurance

Page 1 of 4

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09-20-2007

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	,	MC-05
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Barnumber, and address):	FOR COURT U	
JOHN F. RUTAN, JR., SBN 120266	_	
LAW OFFICES OF GOATES & BEAVERS	_ 2 1	
1201 DOVE STREET, SUITE 300		
NEWPORT BEACH, CA 92660		i i i i i i i i i i i i i i i i i i i
TELEPHONE NO.: 949-553-1359 FAX NO. (Optional):	*-, -, -	ed in which
E-MAIL ADDRESS (Ophonal).		
ATTORNEY FOR (Name): Plaintiff, AMCO INSURANCE COMPANY	1	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
STREET ADDRESS: 330 WEST BROADWAY		
MAILING ADDRESS		
CITY AND ZIP CODE: SAN DIEGO, CA 92101		
GRANCH NAME: CASE NAME: AMCO INSURANCE COMPANY V. GROHE AMERICA	†	
CASE NAME: AMOU INSURANCE CONTANT V. GRONE AMERICA		
		FY-FAX
SUBSTITUTION OF ATTORNEY—CIVIL	CASE NUMBER:	
(Without Court Order)	37-2007-0007292	4-CU-PL-CTL
*NOTICE TO PARTIES APPLYING TO REPRESENT TI	HEMSELVES	
 Guardian Conservator Trustee Personal Representative Probate fiduciary Corporation 	 Guardian ad litem Unincorporated association 	
If you are applying as one of the parties on this list, you may NOT act as your ov to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE API	vn attorney in most cas PLYING TO REPRESEN	es. Use this form I YOURSELF,
NOTICE TO PARTIES WITHOUT ATTORNE	YS	

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

AMOU INSURANCE COMPANY

Doug Pippert, Representative for [TYPE OR PRINT NAME]	(SIGNATURE OF PARTY)
5. X I consent to this substitution.	
Date:	BRENNAN WISE LAW GROUP
Minhal T Wisa Page	
Michael J. Wise, Esq.	(SIGNATURE OF FORMER ATTORNEY)
6. X I consent to this substitution. 9/20/87 Date:	LAW OFFICES OF GOATES & BEAVERS
John F. Rutan, Jr., Esq.	Laples J. Ductar, In
(TYPE OR PRINT NAME)	(SIGNATURE OF NEW ATTORNEY)

Form Adopted For Mendatory Use Judicial Council of California MC-050 [Ray January 1, 2007]

4. I consent to this substitution.

Date:

SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)

(See reverse for proof of service by mall)

Code of Civil Procedure, §§ 284(1), 285 Call Rules of Court, rule 3, 1362

	Case 3:08-cv	-00207-JI	LS-WMC	Document 8	Filed 02/27/2008	Page 2 of 4
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19 25ជ្ជ 55555 JAMES	AND BEAVE	Nationwid	e insurance	1	,41 p.m. 0	9-24-2007-	: rr 31
	. ((MC-0
ATTORNEY OR PARTY WITHOUT	ATTORNEY (Name: State Bar	number, and address):			FOR CO	URT USE DIVLY	
JOHN F. RUTAN, LAW OFFICES OF (1201 DOVE STREET	COATES & BEAVE						r ()
NEWPORT BEACH, (TELEPHONE NO.: 949 E-MAR ADDRESS (Optional):	9-553-1359	FAX NO. (Optional).			•-		,
		SAN DIEGO	COMPANY				
MAILING ADDRESS: CITY AND ZIF CODE: SAN BRANCH NAME:	DIEGO, CA	92101				,	
CASE NAME: AMC	O INSURANCE O	COMPANY V.	GROHE AMERI	CA			
CHE	STITUTION OF AT	TORNEY COM	 	CASE NL	MOSC.		
505	Without Cou		IL,	4	007-00072	924-CU-	PL-CTL
	*NOTICE TO P	ARTIES APPLYIN	recentative		VES lian ad (Item	·	
• Tru	stee .	Probate fiduci Corporation		35500	orporated lation		-
If you are applying as or to substitute one attorne	e of the parties on y for another attorne	this list, you ma by. SEEK LEGAL	y NOT act as yo ADVICE BEFOR	E APPLYING	rey in most o	enses. Use 1 ENT YOURS	his form ELF.
A party	NOTI representing himse and appropriate acti	CE TO PARTIES of or herself may	wish to sask le	gai acaletano	. Fallure to t	ake	
consent to this substituti Date:			AMCO INSU				
jug Pippert, Repi	resentative fo	or	<u> </u>	(SIGNA	TURE OF PARTY)		
X consent to this sub Date:	stitution.		BRENNAN W	ese lan g	ROUP)	
chael J. Wise, E	SCI, PRINT NAME)			A STANATORE C	F FORMER ATTOR	WEY)	
X consent to this sub Date:	.,	:7	LAW OFFICE	ES OF GOVE	TES & BE	AVERS	
	RINT NAME)	e reverse for proof c	of service by mail)	SIGNATURE	OF NEW ATTORNE	:YJ	Page 1 of 2
n Adopted For Mendelory Use udical Council of Celifornia -850 (Rev. January 1, 2007)	SUB	STITUTION OF (Without Co		Solut	gal come ions Plus	of Civil Procedure, Cai. Rules of Co	§§ 284(1), 285, ust, rule 3, 1362

P. 003

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name; State Ber number, and address): JOHN F. RUTAN, JR., SBN 120266 LAW OFFICES OF GOATES & BEAVERS 1201 DOVE STREET, SUITE 300	<i>→</i> MC-050
JOHN F. RUTAN, JR., SBN 120266 LAW OFFICES OF GOATES & BEAVERS	FOR COURT USE ONLY
LAW OFFICES OF GOATES & BEAVERS	- ,
	·
NEWPORT BEACH, CA 92660	.,
TELEPHONE NO.: 949-553-1359 FAX NO (Optional):	
E-MAIL ADDRESS (Ophonal)	
ATTORNEY FOR (Name): Plaintiff, AMCO INSURANCE COMPANY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
STREET ADDRESS: 330 WEST BROADWAY	
MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101	
BRANCH NAME:	
CASE NAME: AMCO INSURANCE COMPANY V. GROHE AMERICA	
OUROTITUTION OF ATTORNEY CD/II	ISE NUMBER:
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)	-2007-00072924-CU-PL-CTL
•	
THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): AMCO INSURANCE CO	MPANY makes the following substitution:
	e): Michael J. Wise
	F. Rutan, Jr.
a. Name: LAW OFFICES OF GOATES & BEAVERS b. State Bar No. (if ap	plicable): 120266
c. Address (number, street, city, ZIP, and law firm name, if applicable):	
1201 Dove Street, Suite 300	
Newport Beach, CA 92660 d. Telephone No. (include area code): (949) 250~5555	
3. The party making this substitution is a X plaintiff defendant petitione	er respondent other (specify):
AMCO INSURANCE COMPANY	
*NOTICE TO PARTIES APPLYING TO REPRESENT THEI	MSELVES
Guardian Personal Representative	Guardian ad litem
Conservator	Inincorporated
• Italiee • corboration	association
If you are applying as one of the parties on this list, you may NOT act as your own	attorney in most cases. Use this form
to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLY	ING TO REPRESENT TOURSELF.
NOTICE TO PARTIES WITHOUT ATTORNEYS	
A party representing himself or herself may wish to seek legal assis	stance. Fallure to take
timely and appropriate action in this case may result in serious leg	
4. I consent to this substitution. AMCO INSURANCE	COMPANY
AMCO INSURANCE	COMPANY
4. I consent to this substitution. Date:	COMPANY
4. I consent to this substitution. Date: Doug Pippert, Representative for	
4. I consent to this substitution. Date:	COMPANY (SIGNATURE OF PARTY)
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME)	
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution.	(SIGNATURE OF PARTY)
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME)	(SIGNATURE OF PARTY)
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: BRENNAN WISE I	(SIGNATURE OF PARTY)
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: Michael J. Wise, Esq.	(SIGNATURE OF PARTY)
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: Michael J. Wise, Esq. (TYPE OR PRINT NAME) AMCO INSURANCE BRENNAN EST (SIGNATION OF THE PRINT NAME)	(SIGNATURE OF PARTY) AW GROUP
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: Michael J. Wise, Esq.	(SIGNATURE OF PARTY) AW GROUP
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: Michael J. Wise, Esq. (TYPE OR PRINT NAME) 6. X consent to this substitution. Date: (SIGNAL OF TICES, OF Date:	(SIGNATURE OF PARTY) AW GROUP NATURE OF FORMER ATTORNEY)
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: Michael J. Wise, Esq. (TYPE OR PRINT NAME) 6. X consent to this substitution. Date: John F. Rutan, Jr., Esq.	(SIGNATURE OF PARTY) AW GROUP NATURE OF FORMER ATTORNEY) GUATES & BEAVERS
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: Michael J. Wise, Esq. (TYPE OR PRINT NAME) 6. X consent to this substitution. Date: John F. Rutan, Jr., Esq. (SIGNAME) (SIGNAME) (SIGNAME)	(SIGNATURE OF PARTY) AW GROUP NATURE OF FORMER ATTORNEY)
4. I consent to this substitution. Date: Doug Pippert, Representative for (TYPE OR PRINT NAME) 5. X consent to this substitution. Date: Michael J. Wise, Esq. (TYPE OR PRINT NAME) 6. X consent to this substitution. Pate: John F. Rutan, Jr., Esq.	(SIGNATURE OF PARTY) AW GROUP NATURE OF FORMER ATTORNEY) GUATES & BEAVERS THAT I WANTE OF NEW ATTORNEY)

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CASE NAME: AMCO INS	SURANCE CO v. GI	ROHE AMERICA	CASÉ NUMBER. 37-2007-00072924-CU-	
<u> </u>		OOF OF SERVICE BY MA		
complete this Proof of Service	ce by Mail. An <u>unsigned</u> ution of Attomey—Civil	copy of the Proof of Service and the completed Proof of	ney—Civil, have the person who ce by Mail should be completed of Service by Mail to the clerk f Service by Mail.	and served with the
I am over the age of 18 an residence or business add	d not a party to this cau lress is (specify): 1201	use. I am a resident of or en Dove Street, Suite 300,	nployed in the county where the r Newport Beach, CA 9266	nailing occurred. My 0
I served the Substitution of and address is shown belower.	of Attorney—Civil by enc ow and depositing the en	losing a true copy in a seal velope in the United States r	ed envelope addressed to each mail with the postage fully prepai	person whose name d.
(1) Date of mailing: Dece	mber 11, 2007	(2) Place of mailin	g (city and state): Newport I	Beach, CA
3. I declare under penalty of p	perjury under the laws of	the State of California that t	he foregoing is true and correct.	
Date: December 11, 20	007			
			India Rose	
Leslie Boyer	DR PRINT NAME)		(SIGNATURE)	
NA	ME AND ADDRESS OF	EACH PERSON TO WHOM	NOTICE WAS MAILED	
4. a. Name of person serv b. Address (number, str	red: Michael J. Wise reet, city, and ZIP): 901	e, Esq. H Street, Suite 503, Sa	ecramento, CA 95814	
c. Name of person serv d. Address (number, str				
e. Name of person serv f. Address (number, str				
g. Name of person serve h. Address (number, str				
i. Name of person serve j. Address (number, stro				
List of nar	mes and addresses conti	inued in attachment.		

MC-050 [Rev. January 1, 2007]